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PUBLIC HEALTH REPORTS

VOL. 33

FEBRUARY 22, 1918

No. 8

A STATE-WIDE PLAN FOR THE PREVENTION OF VENEREAL DISEASE.

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In order to secure the greatest number of effectives in the selective draft, the prevalence of venereal disease in the civil population must be reduced. It is not necessary to discuss the reasons for a vigorous campaign for the control of venereal disease at this time. The reasons are too obvious and well recognized. The tremendous social and economic losses resulting from these diseases in times of peace are multiplied by the extraordinary conditions arising out of the world war. Furthermore, the winning of the war demands that these diseases be controlled in the entire civil population to insure the protection of the industrial army as well as that of the soldiers and sailors. To accomplish this it is not sufficient to inaugurate the campaign in the camps and a limited zone about the camps, but the control measures should include the larger cities and all parts of every State in the Union.

The successful campaign against these diseases necessitates a complex program.

1. Moral, social, and economic phases in which the health officer can assist but which are best directed by other agencies.

2. That portion of the suppressive program which is directly under the control and within the powers and duties of the health officer.

There is no part of this program in which the health officer is not interested. He has an obligation to devote his best efforts to securing results, but special activity is desired at this time in that portion of the program directly under his control.

In putting any comprehensive plan into effect it is wise to do those things which may be done at once without special law or ordinance. Time is required to secure legislative authority, and this time should be employed in establishing certain fundamentals upon which the entire campaign is based.

MEASURES WHICH REQUIRE MONEY BUT NO ADDITIONAL LEGISLATION.

(1) Establishment of free diagnostic facilities.

(2) Establishment of free treatment facilities.

If free diagnostic and treatment facilities are available thousands of carriers can be treated and made noninfective without compulsion of any kind. The first step necessary is to secure sufficient money to enable the State to furnish free diagnostic facilities and to secure the establishment of a chain of venereal dispensaries. This includes the manufacture or purchase of arsphenamine for free distribution. As a war measure it is possible in practically all States to secure money for a venereal disease campaign as a part of a nation-wide patriotic effort to increase the efficiency of the fighting forces.

Diagnostic Facilities.

There should be a State Wassermann laboratory, and in large cities branch laboratories may be utilized. A central Wassermann laboratory secures, by the greatly increased number of specimens examined, a much lower cost per test and much greater accuracy. The diagnostic facilities should include the simple laboratory equipment to be mentioned later in connection with the venereal dispensaries.

Venereal Dispensaries.

A chain of venereal dispensaries should be established, placed in such a manner as to furnish treatment facilities for the entire State. Sufficient money must be secured to enable the State to assist in the maintenance of these dispensaries, by furnishing free arsphenamine, and about \$1,000 for each clinic for clerical or other expenses. On this basis it should be possible to establish these dispensaries preferably in connection with existing institutions, in order to "camouflage" the venereal clinic itself. These dispensaries should serve as centers to safeguard the distribution of arsphenamine, and State arsphenamine should be issued only through such dispensaries.

Massachusetts recently adopted minimum standards for clinics for venereal disease control. These standards were prepared by the writer and are presented here in detail as an illustration of the dispensary method in the program for such control.

MINIMUM REQUIREMENTS FOR ADMISSION OF VENEREAL DISEASE CLINICS OR DISPENSARIES TO LIST OF CLINICS SERVING AS DISTRIBUTORS OF ARSPHENAMINE FOR STATE DEPARTMENT OF HEALTH. (STATE APPROVED VENEREAL DISEASE CLINICS.)

1. *Maintenance*.—It shall be maintained directly by Government or municipality or receive written indorsement of municipal health authorities and the mayor.

2. *Serve as distributing center for "arsphenamine."*—It shall be a center for the distribution of State department of health "arsphenamine" (under such conditions as are outlined in memorandum on distribution of arsphenamine).

3. *Management*.—(a) If combined clinic for gonorrhea and syphilis, executive management of the clinic shall be vested in the "medical chief of the clinic" who

shall be designated as the agent of the State department of health for the distribution of arsphenamine.

(b) If separate departments treating gonorrhea and syphilis are maintained, under the executive management of an institution, some medical executive officer of the institution must be designated as agent of the State department of health for the distribution of arsphenamine.

4. *Clinic hours.*—Clinics must be open at least three times a week and must provide at least one evening clinic period per week.

5. *Chief of clinic.*—The chief of the clinic shall be a qualified physician familiar with all modern laboratory and clinical diagnostic methods, experienced in the treatment of venereal diseases, and possessing the professional confidence of the medical profession of his vicinity. He shall agree in writing to carry out the duties required of him as agent of the State department of health for distribution of arsphenamine, and he shall be otherwise acceptable to the State department of health.

6. *Staff.*—The staff other than the "chief of the clinic," shall be adequate in number and training to furnish medical, surgical, nursing, laboratory, follow-up, and clerical service commensurate with the attendance of each clinic.

7. *Laboratory service.*—Dispensary laboratory service shall comprise at least facilities for microscopic examination for the organisms of syphilis and gonorrhea and for usual microscopic and chemical examination of urine. Wassermann tests shall be made at an approved Wassermann laboratory.

8. *Equipment.*—The location, rooms, instruments, apparatus, etc., shall be satisfactory to the State department of health.

9. *Records.*—Adequate records shall be kept of all cases applying for diagnosis or treatment as well as laboratory and follow-up records of the use or distribution of arsphenamine.

10. *Hospital affiliations.*—Each State-approved venereal-disease clinic shall have at its disposal, in the same or a near-by institution, beds for isolation or treatment of cases needing the same.

11. *Educational or preventive measures.*—The clinical staff shall devote sufficient time to adequately inform all patients as to the seriousness of venereal infection and the measures necessary to prevent infection of others, and shall supplement verbal instruction by furnishing approved literature.

12. *Financing of clinics.*—Approved venereal clinics may be either free clinics or "pay clinics," but if pay clinics they shall not refuse or discriminate against any patients referred or offering themselves who are unable to pay a fee. No charge shall be made for arsphenamine.

These dispensaries should be established only in large cities, located strategically, in order to serve a wide area. The question of whether they shall be "free" or "pay" clinics should be decided locally. The self-sustained or partly self-sustaining pay clinic with a low fee and free treatment given to those unable to pay is preferable.

The following instructions for the guidance of district health officers were issued in regard to distribution of State arsphenamine:

ON THE SUPPLYING, DISTRIBUTION, AND UTILIZATION OF ARSPHENAMINE AND METHODS OF ACCOUNTING FOR SAME.

1. Emphasize (a) That the supply of arsphenamine is primarily to render cases of syphilis noninfectious.

(b) That the State is furnishing the equivalent of many thousand dollars assistance in supplying arsphenamine.

2. The "approved clinics" shall serve as centers of distribution of arsphenamine for the "area" assigned by the State department of health to the clinic.

Exception.—Arsphenamine for State institutions shall be furnished directly, when a supply is available, from the control office of the State department of health.

3. The "chief of the clinic" shall be the agent of the State department of health for the distribution of arsphenamine.

4. Ledger accounts shall be kept with each "clinic" and the "chief of the clinic" shall be charged with each dose, identified by serial number furnished to his clinic.

5. So far as the supply of arsphenamine is available, the "chief of the clinic" shall utilize arsphenamine in the following order of priority:

(a) For patients attendant upon the clinic in infective stage.

(b) For patients in infective stage in "approved" hospitals, asylums, or institutions other than in State institutions, located within the clinic area.

(c) For patients in infective stage under care of practitioners within the clinic area.

(d) For patients in noninfective stages, whether "clinic" patients, institutional patients, or patients under the care of private practitioners, in whatever order or sequence may appear best in the discretion of the "chief of the clinic."

6. All arsphenamine utilized, whether within or without the clinic, shall be identified by serial number, and reports of use made thereupon on a form furnished for that purpose.

7. The question of need for arsphenamine shall be determined as far as possible by confirmatory Wassermann test. In noninfective stage, Wassermann positive tests are to be obtained before the arsphenamine is used.

8. Hospitals and other institutions within each clinic "area" shall become "approved" institutions for utilization of arsphenamine after satisfying the "chief of the clinic" as to professional qualifications and familiarity with the special technique for the administration of arsphenamine of the medical staff of such institutions assigned to administer the same, determined by consultation with the "chief of the clinic," and agreeing to furnish reports of treatment for syphilis.

9. Private practitioners must satisfy the "chief of the clinic" as to their practical experience and familiarity with the technique of its administration before receiving arsphenamine for administration in private practice.

10. No fee for arsphenamine shall be charged under any circumstances. The "chief of the clinic" may, at his discretion, at any time discontinue the privilege of receiving arsphenamine itself, for failure to submit reports of treatment or Wassermann tests, or otherwise abusing the privilege of receiving arsphenamine.

11. Monthly the "chief of the clinic" shall forward to the State department of health a report on the doses of arsphenamine given at the clinic and furnished to institutions and physicians within the "clinic area."

The following instructions were given to Massachusetts district health officers to aid them in securing the establishment of approved clinics:

ON METHODS OF ESTABLISHING "APPROVED CLINICS."

1. No general method can be laid down. The district health officer is expected to exhibit initiative and energy in stimulating the early establishment of such clinics in the cities selected. He must study local conditions and make such concessions or modifications of the procedure outlined in these memoranda as in his judgment are necessary in individual instances, as long as he can be assured that the spirit of the minimum requirements is complied with.

2. The following groups should be interested and their support enlisted:

(1) Local board of health.

(2) Local medical profession.

(3) City officials, especially the mayor.

- (4) Local committee on public safety.
- (5) Large manufacturers.
- (6) All organizations interested in public health.
- (7) Religious bodies.
- (8) Chambers of commerce, boards of trade, etc. (officially).
- (9) Hospital management and boards.
- (10) Local district nursing organizations.
- (11) All individuals and organizations whose homes have been furnished by the Council of National Defense.
- (12) Local druggists' organizations.
- (13) The press (at least sufficient to insure that no antagonistic publicity is started through misunderstanding).
- (14) Educators.
- (15) Labor organizations (reasons same as the press).

This part of the program also calls for energetic measures on the part of the district health officer.

3. In case an energetic local campaign of education seems necessary as a preliminary to successfully launching an "approved clinic," the district health officer should not hesitate to inaugurate such a campaign. Remember, you can get for the asking direct telegraphic indorsement from the War Department and the Council of National Defense, and can readily obtain by preliminary arrangement forceful speakers from the War Department, the Massachusetts Association for the Study of Venereal Diseases, and from other bodies as women's section, Council of National Defense, Massachusetts Commission on Insane, Massachusetts Mental Hygiene Society, and other organizations.

4. If difficulty occurs in obtaining a man qualified to serve as "chief of clinic," performing both executive and clinical duties, or as chief clinician under a "chief of clinic," performing only executive duties, the Boston Dispensary will furnish facilities for intensive training for physicians wishing to qualify in specialty.

5. In general urge establishment of clinics as a national duty and as a war measure; insist that they be started on a high ethical plane, not as a traditional "clap clinic"; feature their function as educational and preventive centers; strive to affiliate with hospitals where possible to better "camouflage" cause of attendance.

6. If moral issue is raised in opposition to scheme, emphasize the well-established fact, determined by the finding of British authorities, that the innocent sufferers from venereal infection form an actual majority.

7. If objection is raised from medical sources on the ground of loss of revenue, emphasize that the qualified medical profession, both of ethical and "advertising" character, is estimated at the outside to treat only 30 to 50 per cent of the total venereal infection—the remainder fall into the untreated, self-treated, and drug-store treated classes.

8. If objection is raised to the scheme locally—

(a) From the standpoint of general scepticism of the urgency of the problem and the need for action, quote such facts as the statistics of the Council of National Defense as to the comparative frequency of venereal infection in freshly drafted men and regulars.

(b) On the ground of expense involved in view of the extraordinary war-time public expenses, quote such conclusions as that of the British Royal Commission on Venereal Diseases, arrived at after a most exhaustive study in a country war-burdened to a degree this country can not yet comprehend, which says:

"That the conditions now existing and those which must follow on the conclusion of the war imperatively require that action should be taken without delay. We realize the claims of economy at the present moment, but we believe that all necessary expenditure will be recouped by the results which can be obtained.

"No short-sighted parsimony should be permitted to stand in the way of all the means that science can suggest and that organization can supply for guarding present and future generations upon whom the restoration of national prosperity must depend."

Further instructions were given to district health officers on the following points:

- (1) Minimum equipment for dispensaries.
- (2) Cost of equipment and maintenance.
- (3) Supervision.¹

Certain instructions given to district health officers in regard to policy may be helpful:

ON CERTAIN POLICIES TO BE EMPHASIZED AND THOROUGHLY EXPLAINED.

To a considerable degree these have been touched upon in various memoranda, but it is desired here to call to the attention of the district health officer the need for a reasonably uniform departmental policy to be followed by them in establishing clinics. It is intended that the district health officer will only modify these policies if he is certain that such modifications are necessary or desirable to insure the success of a given clinic.

1. Emphasize preventive functions of clinics, and in doing so point out that clinics can be made powerful preventive agencies in two distinct ways:

- (a) By the direct benefit of lessening foci of infection, and
- (b) By the correlation of repressive, correctional, and educational methods with the routine activities of the clinic.

2. Explain clearly the relationship of the "clinic" to the "clinic area." Under this head particular attention should be paid to explaining the purposes of the clinic and the methods of arsphenamine distribution, to local boards of health, management of institutions and medical profession located outside of the municipality but within the "area."

3. Relationship of clinics to hospitals. Whether the clinic is maintained as an integral part of a general hospital or not, the district health officer should devote special attention to the problem of obtaining bed facilities for patients coming under the care of the clinic who need temporary hospital care.

Another feature that will require careful explanation from the beginning will be to make the hospital and other institutional managements understand that they are not entitled to arsphenamine *ad libitum* by virtue of being hospitals, that they are under the same relationship to the "chief of clinic" as private practitioners and must satisfy him as to the ability to handle the product safely, and are to use it primarily for infectious cases and are to receive it for administration to other cases only in event of the supply being more than sufficient for all infective cases within the "area."

4. Relationship of clinics to medical profession. The success of the "clinics" will depend more upon the sympathetic cordial support of the medical profession of the city and "area" than upon any other factor outside the immediate management of the clinic. It is, therefore, highly essential that the support of the medical profession be obtained. This means practically an educational campaign among physicians. Each district health officer should inaugurate this at once, and push it at every opportunity.

After the clinic is inaugurated, practitioners should be urged to utilize it and should be made to feel that it is their clinic. They should be told frankly from the outset that the full success of the clinic may mean a certain loss of revenue to them, but it should also be emphasized what a small percentage of venereal cases are now being

¹ Details of these instructions are omitted, but if desired may be secured by addressing the State commissioner of health, Statehouse, Boston, Mass.

handled by the qualified practitioners of medicine, and they should be urged to support the clinic as a measure designed, first of all, to reach the untreated or mal-treated venereal case.

Every practitioner in the "area" should have clearly explained by the district health officer, after the clinic is once begun, the relationship of the clinic management to the distribution of arsphenamine, and that special facilities for diagnosis, consultation, and treatment are open to him.

A system whereby the practitioner can refer patients, whom he does not wish to turn over permanently to the clinic for treatment, for limited or special treatment, administration of arsphenamine for example, and have them referred back to him at the end of such special treatment, should be worked out jointly by the district health officer, representative of the local medical society, and each "chief of clinic."

Practitioners should be encouraged to seek consultation either at the clinic or in the office of the practitioners respecting any case of suspected venereal disease under their care.

Every practitioner within the "area" should clearly understand that he can obtain laboratory assistance for any case of his, gratuitously, through the clinic. Each clinic should be an active Wassermann station and should make it easy for physicians to utilize the services of State or other "approved" Wassermann laboratory.

Attendance of physicians other than the regular staff at the clinic should be encouraged after the clinics are well established, but care will always have to be exercised, especially in small cities and at pay clinics, to see that attendance of physicians other than the regular staff does not tend to decrease the attendance of the clinic.

One great advantage of having several consultation rooms and an entrance to consultation rooms other than directly through the patients' waiting room is that thereby it is possible for any physician to attend and see patients he has referred to the clinic without seeing other patients. It is very desirable that as far as circumstances will permit the patients' privacy should be respected.

5. *Minimum assistance.*—In making efforts to get clinics launched, sacrifice any nonessentials, but make up your own mind as to the minimum staff necessary to insure proper handling of patients at any given clinic and then insist that the minimum staff be provided.

The following would seem to be a minimum staff for the smallest area:

One "chief of clinic,"	} one or both covering laboratory service.
One medical assistant,	
One qualified nurse, who is nurse, follow-up worker, and clerk.	

Janitory service.

6. The relationship of the chief of clinic to the district health officer must be a particularly close and harmonious one to realize the full possibilities of the clinic scheme. He should have a free hand and not be hampered as to details. On the other hand, he should be given clearly to understand from the beginning that when he wishes to bring anything up to the State department of health, he does not need to go any further than the district health officer to obtain all the assistance, advice, and direction that the department can give.

Conversely, the district health officer should at all times bring promptly to the attention of the "chief of clinic" any and every suggestion, whether critical or commendatory, that comes to his attention. The district health officer should make it one of the prime objects of his work not only to continually keep the purposes and possibilities of the clinics before the medical profession of the "area," but also should call the same clearly to the attention of officials and others whose work is of such a character that they could utilize the services of the venereal clinics. Included in this group should be police authorities, almoners and overseers of the poor, prison physicians and chaplains, Y. M. C. A. officials, officials of the draft law, officials of rescue societies, and the like.

Personnel of dispensary.—The personality and qualifications of the chief of clinic are the most important factors in the success of the entire venereal clinic scheme. The ideal arrangement is to have him combine general executive function—i. e., management of personnel, supervision of finances, duties as distributor of arsphenamine, etc.—with the functions of the clinical specialist. In most cases this arrangement will be possible and is in all ways to be desired and urged from the standpoint of avoiding friction, divided responsibility, delays, and questions of divided authority over clinical staff and clerical staff.

In all instances the chief of clinic must enjoy the confidence of the medical profession of his vicinity. The solution of the all-important question of obtaining hearty cooperation and support from the medical profession of the city and "area" will depend upon him and the district health officer more than upon all other interested persons combined.

As official referee and distributor of arsphenamine, he must be a man of discretion, judicial temperament, and without prejudices or favorites, and not capable of being intimidated by any influences. Often he must refuse arsphenamine, and it is all essential that he make each refusal as far as possible so unmistakably based on sound grounds of best public policy that the refused party will see the reasonableness of his stand.

If he is also the chief clinician, he must be thoroughly grounded in the technique of best modern methods of diagnosis and treatment. Above all he must be a man who is interested in the preventive and educational possibilities of his clinic, and in hearty sympathy with the State department of health's policy of developing the clinics to the point where the chief clinician will actually and efficiently lessen the total incidence of venereal disease in his area. If this object is not constantly kept in mind and every effort put forth to make its accomplishment a reality, all work is in vain.

Furthermore, he must be a man who can appreciate the vital importance of keeping records and of enforcing business like methods of administration in all matters pertaining to the routine work of the clinic.

Medical and surgical staff.—The number of persons on the medical and surgical staff will vary with the size of the clinic, but the all-important point is that at least one, either the "chief of clinic" himself or, if he does not perform clinical duties, the chief clinical assistant (or assistants, if the distinct departments for gonorrhea and syphilis are maintained), shall possess special experience with venereal diseases, and a thorough knowledge of modern methods of diagnosis and treatment sufficient to give him without question an authoritative position in such matters.

Physicians of the vicinity should be encouraged to make application as temporary assistants with or without pay for the purpose of familiarizing themselves with modern methods of diagnosis and treatment; but the regular medical and surgical staff should in all instances receive compensation sufficient to represent a fair monetary return, judged by local standards, for the time devoted to the clinic, and to effect potential loss of emergency revenue from private practice due to attendance at fixed hours at the clinic.

The duties of the medical and surgical staff should include educational work with patients, making of necessary clinical records and reports, taking and transmitting material for laboratory examination and demonstrating the best methods of diagnosis and systematic treatment to physicians.

Consultations.—Consultation work by the "chief of clinic" or his clinical assistants with practitioners of the "area" should be encouraged, but clearly defined policies should be laid down for each area and generally understood and agreed to by the local profession as to the circumstances under which consultation outside of the clinic should be gratuitous or "pay" consultations. It is advisable to have a fee scale definitely fixed in advance.

Nursing staff.—The nursing staff of the clinic may often be satisfactorily filled by one female nurse reporting only at certain hours for female clinics. The nurse may be utilized for the taking of female histories to advantage. The advisability of obtaining a male nurse or "orderly" as assistant will depend on local conditions.

Laboratory staff.—The laboratory staff will depend largely upon the size of the clinic. Outside of the largest clinics, a separate laboratory staff probably will not be needed. The clinical staff in the smaller clinics should do ordinary direct microscopic and urinalysis laboratory work. Wassermanns, in most instances, will be done outside the clinic in the State or other approved Wassermann laboratories.

"Follow-up staff."—The development of a scientific yet "human" follow-up system is perhaps the most characteristic feature of the "modern" venereal dispensary, and marks it off most sharply from the policies, procedure, and results of the traditional "clap clinic."

The principal functions will be:

(a) Supervision of the prostitute patient, including enlistment of the sympathies and support of social betterment agencies for the deserving case.

(b) Establishment of good "team work" with the police and reformatory agencies for the purpose of the suppression of the incorrigible type, or at least their temporary isolation for at least a period sufficient to insure their treatment to the point where they cease to be spreaders of infection.

(c) Looking up validity of reports from patients as to sources of infection.

(d) Enlisting cooperation of employers of labor to encourage utilization of the services of the clinic.

(e) Checking up mentality of prostitute patients and enlisting the assistance of proper authorities in cases of those deserving special handling as mental deficient.

(f) Keeping track of "parole" patients of both sexes.

(g) Looking up patients still in need of treatment who fail to report at the clinic.

In some clinics the services of a full-time specially trained "follow-up" worker will be needed. In others, various part-time adjustments will be necessary.

Clerical staff.—One full-time clerical assistant will be needed in most clinics to keep up records properly, and to be available to receive requests and requisitions for arsphenamine, laboratory containers, to make appointments for the "chief of clinic," answer the telephone, etc. It is advisable to arrange if possible that State department of health money be directly utilized to provide for clerical service.

Clerical service need not be full eight hours per day nor every day in the week, but should have definite hours, well known to local medical profession, so that arsphenamine can be furnished according to the direction of the "chief of clinic" at reasonably convenient and frequent periods.

A possible combination of functions, that might prove very satisfactory in smaller clinics would be the full-time employment of one graduate nurse with social service or public health nursing experience, and have her attend female clinics, act as clerk of clinic, keeping regular office hours for that purpose, and devote the remainder of her time to follow-up work.

Control of Prostitutes for Treatment.

Prostitutes are recognized as the most prolific source of venereal disease. It is possible to do much in the suppression of prostitution by enforcement of existing laws and ordinances. It may be possible in some cities and States to secure more drastic laws for control of and elimination of this source of infection. It is certain that in many cities by enforcement of existing laws and especially by an arrangement securing the cooperation of health officers, police

authorities, and city magistrates, control of thousands of prostitutes for purpose of treatment and their elimination as carriers can be effected. Preliminary to this arrangement a proper venereal dispensary and a sufficient number of beds for hospitalization must be made available. It is certain that in many States the carrier material in the person of prostitutes available for treatment under existing laws far exceeds the facilities for treatment. This lack is especially marked in hospital facilities.

Educational.

Lectures should be given by male lecturers before men's and boys' clubs and organizations, industrial groups and labor unions, fraternal and professional groups; and by female lecturers before women's clubs, groups, and organizations, employing lantern slides, moving pictures, and other devices or exhibits.

Placards should be placed in public lavatories, barber shops, railroad stations, and other places where men congregate, and pamphlets should be distributed, especially to the groups mentioned in the preceding paragraph.

MEASURES WHICH REQUIRE LEGISLATION.

In addition to the measures which probably do not require legislative authority beyond the granting of appropriations, there are certain necessary measures for which legislation should be secured.

- (1) Reporting of venereal diseases.
- (2) Elimination of quacks and charlatans.
- (3) Prevention of treatment by drug clerks.
- (4) Examination and treatment of prisoners.

None of these measures are here discussed in detail.

Reporting of Venereal Diseases.

In Massachusetts no additional legislation was necessary, the State department of health having general authority to add to the list of reportable diseases.

The following letter was sent to all physicians:

GENTLEMEN: Inclosed herewith are advance copies of the regulations adding gonorrhea and syphilis to the list of reportable diseases. This department has studied the question of reporting gonorrhea and syphilis for the last two years and sought all information possible on the subject. The method adopted by these regulations is in substance that known as the "West Australian" method of handling venereal diseases—so called because first adopted by the State of West Australia.

Because of their peculiar character any scheme for the reporting of gonorrhea and syphilis encounters difficulties which are not shared by other communicable diseases. Requiring reporting by name would be inoperative to a great degree. The alternative course is reporting by number, initials, etc. Up to a certain point the "West Australian" method has this anonymous feature, but with the proviso that when an

actively infected patient fails to continue treatment, it becomes the duty of the physician to report the name and address of the patient.

When the name is reported the State department of health will report it to the local board of health having jurisdiction. Therefore it is incumbent upon the local boards of health to adopt such amendments to their rules and regulations as may seem advisable to them for the control of such cases.

It is easy to criticize features of this system, but it seems to be working better in many parts of the world than any other scheme that has yet been brought forward for the reporting of venereal diseases.

The State department of health will be glad to send on requisition to the board of health of any city or town at weekly or monthly intervals the statistical information obtained through the original anonymous reports from that city or town. This department relies confidently on the hearty cooperation of all the local boards of health in making a success of this most important war measure.

The following forms are self-explanatory and illustrate the method of reporting:

**SPECIAL REGULATIONS GOVERNING THE REPORTING OF VENEREAL DISEASES
PROMULGATED BY THE MASSACHUSETTS STATE DEPARTMENT OF HEALTH.**

WAR MEASURE.

COMMONWEALTH OF MASSACHUSETTS STATE DEPARTMENT OF HEALTH.

GONORRHEA AND SYPHILIS ADDED TO LIST OF REPORTABLE DISEASES.

Effective February 1, 1918. Reports to be made in conformity with special regulations direct to State department of health.

Special regulations governing the reporting of these diseases are given herewith. Note carefully that all reports of gonorrhea and syphilis are to be made direct to the State department of health, statehouse, Boston, and not to local boards of health, as is the case of all other diseases dangerous to the public health.

The State department of health, at a meeting held December 13, 1917, voted, that the list of diseases declared dangerous to the public health be further amended by adding gonorrhea and syphilis, so that the said list now reads as follows:

Actinomycosis.	German measles.	Pneumonia (lobar only).
Anterior poliomyelitis.	Glanders.	Rabies.
Anthrax.	Hookworm disease.	Scarlet fever.
Asiatic cholera.	Infectious diseases of the eye:	Septic sore throat.
Chicken pox.	(a) Ophthalmia neo.	Smallpox.
Diphtheria.	(b) Sup. conjunctivitis.	Tetanus.
Dog bite (requiring antirabic treatment).	(c) Trachoma.	Trichinosis.
Dysentery:	Leprosy.	Tuberculosis (all forms).
(a) Amebic.	Malaria.	Typhoid fever.
(b) Bacillary.	Measles.	Typhus fever.
Epidemic cerebrospinal meningitis.	Mumps.	Whooping cough.
	Pellagra.	Yellow fever.
	Plague.	

Reportable to local boards of health in accordance with the provisions of sections 49 and 50, chapter 75, revised laws,

AND GONORRHEA, SYPHILIS,

reportable to State department of health direct, under authority of chapter 670, Laws of 1913, in accordance with the special regulations herewith promulgated.

REGULATIONS GOVERNING THE REPORTING OF GONORRHEA AND SYPHILIS.

1. Gonorrhea and syphilis are declared diseases dangerous to the public health, and shall be reported in the manner provided by these regulations promulgated under the authority of chapter 670, Laws of 1913.

2. Gonorrhea and syphilis are to be reported (in the manner provided by these regulations) on and after February 1, 1918.

3. At the time of the first visit or consultation the physician shall furnish to each person examined or treated by him a numbered circular of information and advice concerning the disease in question, furnished by the State department of health for that purpose.

4. The physician shall at the same time fill out the numbered report blank attached to the circular of advice, and forthwith mail the same to the State department of health. On this blank he shall report the following facts:

Name of the disease	Marital condition and occupation of the patient.... Previous duration of disease and degree of infectiousness.....
Age	
Sex	
Color	

THE REPORT SHALL NOT CONTAIN NAME OR ADDRESS OF PATIENT.

5. Whenever a person suffering from gonorrhea or syphilis in an infective stage applies to a physician for advice or treatment, the physician shall ascertain from the person in question whether or not such person has previously consulted with or been treated by another physician within the Commonwealth and has received a numbered circular of advice. If not, the physician shall give and explain to the patient a numbered circular of advice and shall report the case to the State department of health, as provided in the previous regulation.

If the patient has consulted with or been treated by another physician within the Commonwealth and has received the numbered circular of advice, the physician last consulted shall not report the case to the State department of health, but shall ask the patient to give him the name and address of the physician last previously treating said patient.

6. In case the person seeking treatment for gonorrhea or syphilis gives the name and address of the physician last previously consulted, the physician then being consulted shall notify immediately by mail the physician last previously consulted of the patient's change of medical adviser.

7. Whenever any person suffering from gonorrhea or syphilis in an infective stage shall fail to return to the physician treating such person for a period of six weeks later than the time last appointed by the physician for such consultation or treatment, and the physician also fails to receive a notification of change of medical advisers as provided in the previous section, the physician shall then notify the State department of health, giving name, address of patient, name of the disease and serial number, date of report and name of physician originally reporting the case by said serial number, if known.

8. Upon receipt of a report giving name and address of a person suffering from gonorrhea or syphilis in an infective stage, as provided in the previous section, the State department of health will report name and address of the person as a person suffering from a disease dangerous to the public health and presumably not under proper medical advice and care sufficient to protect others from infection to the board of health of the city or town of patient's residence or last known address. The State department of health shall not divulge the name of the physician making said report.

NOTIFICATION BLANK FROM PHYSICIAN TO ANOTHER PHYSICIAN WHO FORMERLY TREATED THE PATIENT.

.....Mass.,
.....191...
Dr.....
Street address (if known).....
.....Mass.

DEAR DOCTOR: In accordance with section 6, Regulations Governing Reporting of Venereal Diseases, I herewith notify you that.....
(Name of patient.)
of having serial number.....
(Address.)
circular of instructions for prevention of....., formerly treated by
you, has now placed himself under my care and treatment.
Respectfully, yours,

.....M. D.,
.....
(Address.)

NOTIFICATION BLANK FROM PHYSICIAN REPORTING NAME OF PATIENT WHO FAILED TO CONTINUE TREATMENT.

.....Mass.,
.....191...
STATE DEPARTMENT OF HEALTH,
DIVISION OF COMMUNICABLE DISEASES,
State House, Boston, Mass.

GENTLEMEN: This is to notify you that
(Name of patient.)
of originally reported by
(Address of patient.)
..... as serial number 191...
(Name of physician.) (Give, if known.)
who has been under my care for treatment for in the infective stage
(Specify gonorrhea or syphilis.)

has not reported to me for six weeks following date of his last appointment with me, nor have I received any notification from another physician that he has placed himself under his professional care. I am therefore reporting his name and last known address in accordance with section 7 of the Special Regulations of the State Department of Health Governing the Reporting of Gonorrhea and Syphilis.

Sincerely, yours,
.....M. D.,
.....Street,
.....Mass.

CIRCULAR OF INSTRUCTIONS WHICH PHYSICIAN MUST FURNISH TO EACH PATIENT WITH VENEREAL DISEASE.

COMMONWEALTH OF MASSACHUSETTS.

A FEW FACTS ABOUT SYPHILIS.

ISSUED BY THE MASSACHUSETTS STATE DEPARTMENT OF HEALTH, STATEHOUSE, BOSTON.

Keep—Read carefully and often—Remember your number.

1. Syphilis, also known as "pox," "blood disease," etc., is a serious contagious disease, slowly acting, which may affect all parts of the body.

2. Syphilis is caused by a minute germ, which can only be seen with a powerful microscope, which circulates through the blood and attacks every organ in the body if unchecked by proper treatment.

3. Syphilis is usually but not always transmitted by sexual intercourse.

4. Syphilis always begins by the germs entering the body through a break or abrasion of the skin or of the lining of the mouth or sexual organs. This abrasion may be so small that it can not be seen.

5. Syphilis always begins with the local sore which develops at the spot where the germs penetrate. The germs grow slowly at first and from two to eight weeks may elapse before the sore appears. This initial sore, pimple, or ulcer is usually painless and is called a "hard chancre" or the first stage.

6. Syphilis gradually develops after the chancre has apparently been cured. Skin rashes, sores in mouth, swelling of glands, fever, deep pains in bones, sore throat, falling out of hair, are some of the most frequent symptoms of this stage. Any one or more of these symptoms may occur. This is known as the second stage.

7. Syphilis, when untreated, may appear to be cured spontaneously after the second stage, but it is not. It remains in the blood and the deep parts of the body. The germs will lie quiet sometimes for years and then suddenly produce the terrible effects known as the third stage. They will slowly destroy the brain, nerves, bones, blood vessels, etc. Locomotor ataxia, paralysis, paresis, or softening of the brain, and some forms of apoplexy, are a few of the later effects of untreated syphilis. They may come on as late as 20 years after the original "chancre," but are all part of the same disease and caused by the same germs.

8. Syphilis, when uncured, may also be transmitted to unborn children through either father or mother. It is one of the greatest causes of miscarriages, children being born dead, and of weak, sickly children. When born alive, these babies often spread the disease, as their syphilis is very contagious.

9. Syphilis is extremely contagious in the first and second stages.

10. Syphilis is most easily cured in the first or "chancre" stage, is readily curable in the second stage, and may be greatly improved in the third stage.

11. Syphilis in all stages requires long thorough treatment by special remedies to insure a cure. Certain laboratory tests, especially the one known as the "Wassermann test," are of great assistance in determining when the disease is cured.

12. Syphilis can be accidentally transmitted during the first and second stages and from babies with congenital syphilis in a great variety of ways, by kissing, by articles accidentally contaminated with secretions from the sores, as towels, pipes, drinking glasses, eating utensils, etc.

13. Syphilis affects most public and clandestine or secret prostitutes. It can be best prevented by avoiding all chance of infection.

14. Syphilis can be cured, but not in a week or a month at any stage. A person with syphilis must be sure he is getting competent treatment and then stick to it a long time, until the "blood tests" and his physician say he is cured.

PERSONAL ADVICE TO PATIENT.

1. Do not forget your disease may be communicated to others by contact other than sexual intercourse.

2. It may be transmitted by any of the secretions of the body, but more especially by blood or blood serum oozing from raw mucous surfaces, such as cracked or sore lips, mucous patches in the mouth and throat, discharges from syphilitic ulcers and sores.

3. Never permit the slightest opportunity for other persons to come in contact with any of these secretions.

4. To avoid this, follow these rules:

(a) Until the acutely infectious stage is passed and permission is given by the physician, you should have individual drinking cups and eating utensils. These should be sterilized by boiling after each use. Never use public drinking cups.

(b) Tooth-brushes and containers of pastes, powders, or mouth washes used in caring for the teeth should be kept in separate containers or compartments where no opportunity for contact with others is possible. Brush teeth night and morning (or better, after each meal) and keep mouth clean.

If you have bad teeth have them attended to by a dentist. Be fair to him and his next patient by telling him you have syphilis, so he may take precautions and not infect others.

(c) Use no razor or other articles used in shaving except your own, and permit no other person to use your shaving outfit. Shaving in a public barber shop is prohibited for one year after beginning of infection.

(d) Basins, lavatories, and bathtubs used should be washed out thoroughly with soap and hot water after each use by you. Separate basins are to be used wherever possible. The use of public bathtubs is prohibited.

(e) You should use individual towels.

(f) Handkerchiefs and clothing, especially underclothing, which may be soiled by secretions, should be laundered separately, or if impracticable, they must be immersed in boiling water or an approved antiseptic solution, as advised by the physician, before being added to other laundry.

(g) All dressings of sores or ulcers must be burned or otherwise destroyed. Never leave them where they are accessible to flies.

(h) Never kiss others or permit them to kiss you.

(i) Sleep alone and practice continence. Your physician will tell you good habits improve your physical tone and hasten recovery.

(j) Follow your physician's advice, and do not cease treatment until by every known laboratory method he has satisfied himself of your recovery, and assures you there is no longer danger of your transmitting the disease.

(k) Do not be led astray by promises of hasty or permanent cure by falsely advertised remedies. Cheap cures make miserable lives and expensive funerals. You gain nothing but bitter experience by deceiving yourself, and you risk the injury of those nearest and dearest to you. Play fair with yourself and with others.

5. Consult your doctor at least once a month for two years.

IMPORTANT—READ CAREFULLY—FOLLOW INSTRUCTIONS IF YOU WISH YOUR NAME KEPT SECRET.

You are given this circular of instructions with this serial number by your doctor because the law requires him to do so and to report your case to the State department of health by this number without revealing your name.

If you change doctors for any reason and wish to keep your name concealed you must see to it that the doctor you last consult notifies the doctor previously having charge of your case within six weeks.

If you fail to come for treatment at the time ordered by your doctor within the period in which your disease is infective and your doctor does not receive notice within six weeks from another doctor stating that you have placed yourself under his professional care, the doctor giving you this circular is obliged by law to report your name and address to the health authorities as a person suffering from a disease dangerous to the public health and presumably not under proper medical advice and care sufficient to protect others from infection. You will then be liable to quarantine or such other procedure as the board of health may determine. If you want your name kept secret follow these instructions carefully. Your doctor will tell you when your case is no longer infective.

No.

BLANK FOR FIRST REPORT OF CASE BY SERIAL NUMBER ONLY.

No. **WAR MEASURE.** Report of a case of syphilis

COMMONWEALTH OF MASSACHUSETTS, STATE DEPARTMENT OF HEALTH.

(Date).....191 (City or Town)....., Mass.

Patient's age.....; sex..... color.....

Marital state—Married. Single. Widowed. Divorced.*

Occupation (give specific character of occupation).....

Is occupation or sanitary surroundings at place of employment such that patient will be a menace to the health of others?..... If so, what measures of precaution have you advised?

.....

Has your diagnosis been confirmed by laboratory tests?..... If so, which?.....

Date of onset of disease.....191

Signature of reporting physician..... M.D.

Address of reporting physician.....

..... Mass.

* Strike out words that do not apply, or draw circle about word indicated.

INSTRUCTIONS TO PHYSICIAN.

Tear off this slip. Fill out and mail to State Department of Health, State House, Boston, using enclosed addressed envelope. Instructions are to be given and explained to patient. The name of patient is not required. If patient can not read English and can read Armenian, Greek, Finnish, French, Italian, Lithuanian, Polish, Portuguese, Swedish or Yiddish, give patient serial numbered circular in English and request the State department of health to send to you by return mail one or more copies of unnumbered translations of circular, specifying languages and number of copies of each desired. (See back of slip for ordering.)

Elimination of Quacks.

If State laws are insufficient, proper legislation should be secured to prevent the treatment of persons suffering from venereal disease by quacks. There is sufficient law in many States to effect this, and the laws should be vigorously enforced just as soon as the treatment facilities are made available by the establishment of venereal clinics.

Prevention of Treatment by Drug Clerks.

In preparing a comprehensive program for the prevention of venereal diseases in Massachusetts it was deemed necessary to ask the legislature to pass an act prohibiting druggists from dispensing any medicines for venereal diseases except upon the prescription of a physician. Since syphilis and gonorrhea have been declared diseases dangerous to the public health and made reportable, a druggist

has no more right to treat them than he has to treat smallpox, diphtheria, or scarlet fever.

The fearful results of bad treatment, especially in gonorrhea, are attributable quite as much to the treatment of cases by drug clerks over the counter as to the activity of quacks and charlatans, and it is essential that the practice of treatment of venereal diseases by drug clerks be stopped at the earliest possible moment.

Examination and Treatment of Prisoners.

One other legislative measure should be passed, viz, requirement of medical examination and treatment of prisoners. Whatever excuse we may have for not securing the treatment and elimination of the carrier in the general population, we have not the slightest excuse for discharging from our jails and reformatories thousands of prisoners with venereal disease untreated and in many instances not even diagnosed or recorded.